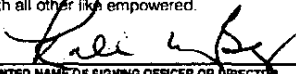


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90037 044 ****70.00

DOCUMENT # N31432					
1. Entity Name BEACH CLUB PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 10740 S OCEAN DRIVE JENSEN BEACH, FL 34957 US			Mailing Address P.O. BOX 22197 LAKE BUENA VISTA, FL 32830-2197 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2943478	
				Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BRAZ, RONALD		NAME		
STREET ADDRESS	822 HAVENWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BITTNER, DENNIS		NAME		
STREET ADDRESS	7893 CO RD 426, M.5 RD		STREET ADDRESS		
CITY-ST-ZIP	GLADSTONE, MI 49837		CITY-ST-ZIP		
TITLE	TD	☒ Delete	TITLE	VPD	☐ Change ☒ Addition
NAME	THOMAS, THORP S.		NAME	BURNEY, RICHARD	
STREET ADDRESS	8800 VISTANA CENTRE DRIVE		STREET ADDRESS	4319 MILLER ROAD	
CITY-ST-ZIP	ORLANDO, FL 32821		CITY-ST-ZIP	ANN ARBOR, MI 48103	
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	OHNSTAD, DAVID		NAME		
STREET ADDRESS	113 LAKESHORE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	TD	☒ Change ☐ Addition
NAME	PAULSON, JAMES		NAME	PAULSON, JAMES	
STREET ADDRESS	5980 N. PIKE LAKE ROAD		STREET ADDRESS	5980 N. PIKE LAKE ROAD	
CITY-ST-ZIP	DULUTH, MN 55811		CITY-ST-ZIP	DULUTH, MN 55811	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>RONALD BRAZ</u>  <u>1/24/05</u> <u>407-384-5256</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40010601



01112005 Chg-NP CR2E037 (10/03)